



IAP04Rec'd PCT 22 SEP 2008
PCT IPM
PATENT
ATTY. DOCKET NO.: P70330US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Peter MOELLER-JENSEN et al.

Serial No.: 10/520,936

Filed: December 19, 2005

For: IRRIGATION SYSTEM

Group Art Unit: 3767

Examiner: Laura C. Schell

Confirmation No. 4770

TRANSMITTAL

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-captioned patent application.

The fee has been calculated as shown below:

| | Claims Remaining After Amendment | Highest Number Previously Paid For | Present Extra | | Small Entity Rate Additional Fee | (or) | Other Than Small Entity Rate Additional Fee |
|-------------------------------|----------------------------------|------------------------------------|---------------|-----------|----------------------------------|----------|---|
| Total Claims | 21 | - 25 | = | 0 | x 25 = \$ | x 50 = | \$0.00 |
| Ind. Claims | 08 | - 07 | = | 1 | x 105 = \$ | x 210 = | \$210.00 |
| [] Multiple Dependent Claims | | | | +185 = \$ | +370 = | \$0.00 | |
| | | | | Total \$ | Total | \$210.00 | |

XX A Credit Card Payment Form in the amount of \$210.00 is attached for: 1 new independent claim.

XX If a Petition for Extension of Time is necessary and the Petition and/or the check is not enclosed, this will act as the Petition and applicant herewith petitions the Commissioner to extend the time for response and charge any fees necessary under 37 CFR 1.17 (a)(1)-(5) to Deposit Account No. 06-1358. The Commissioner is also authorized to charge payment of any other additional fees associated with this communication or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is attached.

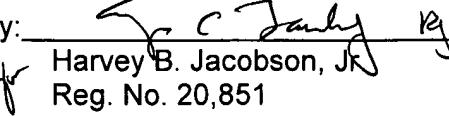
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Respectfully submitted,

JACOBSON HOLMAN PLLC

By: Harvey B. Jacobson, Jr. Reg. No. 40,495

Harvey B. Jacobson, Jr.
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Washington, D.C. 20004-2201
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Date: September 22, 2008
HBJ:SCB

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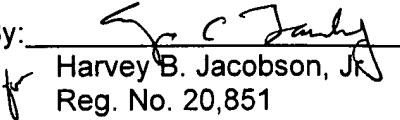
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| <input checked="" type="checkbox"/> Multiple Dependent Claims | | | | | +185 = \$ | +370 = | \$0.00 |
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In response to the Office Action mailed June 23, 2008
(Paper No. 20080617), please amend the captioned application as set
forth herein.